

MONTANA SENATE  
2007 LEGISLATURE

ROLL CALL

PUBLIC HEALTH, WELFARE AND SAFETY

DATE 2-14-07

NAMES	PRESENT	ABSENT	EXCUSED
SEN. JOHN COBB (R)	✓		
SEN. JOHN ESP (R)	✓		
SEN. KIM GILLAN (D)	✓		
SEN. LYNDA MOSS (D)	✓		
SEN. TERRY MURPHY (R)	✓		
SEN. JERRY O'NEIL (R)	✓		
SEN. TRUDI SCHMIDT (D)	✓		
SEN. CAROL WILLIAMS (D)	✓		
SEN. DAN WEINBERG (D) - CHAIRMAN	✓		
JACKSON, LISA, LSD	✓		
GILDROY, PRUDENCE, SECRETARY	✓		



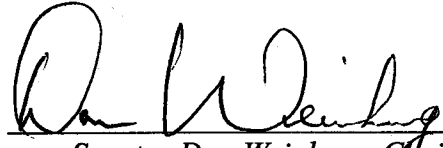
## SENATE STANDING COMMITTEE REPORT

February 15, 2007

Page 1 of 5

Mr. President:

We, your committee on **Public Health, Welfare and Safety** recommend that **Senate Bill 142** (first reading copy -- white) **do pass as amended.**

Signed:   
Senator Dan Weinberg, *Chair*

**And, that such amendments read:**

1. Title, line 10.

**Following:** "PROFESSIONALS;"

**Insert:** "REQUIRING INCORPORATION OF THE NATIONAL INCIDENT  
MANAGEMENT SYSTEM REQUIREMENTS IN THE STATE DISASTER AND  
EMERGENCY PLAN;"

2. Title, line 11.

**Following:** "10-3-111,"

**Insert:** "10-3-301,"

3. Page 1, line 15.

**Following:** "through"

**Insert:** "7 and"

4. Page 1, line 18.

**Following:** "through"

**Insert:** "7 and"

5. Page 1, line 25.

**Strike:** subsection (2) in its entirety

**Renumber:** subsequent sections

6. Page 1, line 28.


**Strike:** subsection (5) in its entirety

**Renumber:** subsequent subsections

7. Page 2, line 12.

**Committee Vote:**

**Yes 9, No 0**

**Fiscal Note Required** — 

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**Following:** " ; "

**Insert:** "or"

8. Page 2, line 13.

**Strike:** "the appearance of a novel or previously controlled or eliminated"

**Insert:** "an"

**Following:** "agent"

**Insert:** ", toxic agent, radiologic agent, "

**Following:** " ; "

**Insert:** "and"

9. Page 2, lines 14 and 15.

**Strike:** lines 14 and 15 in their entirety

10. Page 2, line 19.

**Strike:** "to an infectious or toxic agent"

11. Page 2, line 27.

**Strike:** "(16) (a) "

**Insert:** "(14) (a) "

12. Page 3, line 4.

**Strike:** "(17) (a) "

**Insert:** "(15) (a) "

13. Page 3, line 9.

**Following:** "including"

**Insert:** "the national incident management system requirements, which must be incorporated in"

14. Page 3, lines 10 and 11.

**Following:** "10-3-301" on line 10

**Strike:** remainder of line 10 through "10-3-504" on line 11

15. Page 4, lines 15 and 16.

**Following:** "necessary." on line 15

**Strike:** remainder of line 15 through line 16 in its entirety

16. Page 4, line 28.

**Following:** "through"

**Insert:** "7 and"

17. Page 5, line 7 through line 24.

**Following:** "**Emergency powers.**" on line 7

**Strike:** remainder of line 7 through line 24 in its entirety

**Insert:** "During a state of public health emergency, the governor

has all powers and authorities vested in the governor under parts 1 through 4 of this chapter."

18. Page 6, line 22.

**Following:** "emergency"

**Insert:** ", as defined in [section 2]"

19. Page 6, line 24 through page 7, line 25.

**Following:** "state" on page 6, line 24

**Strike:** remainder of line 24 through "emergency" on page 7, line 25

**Insert:** "as outlined in the public health emergency plan described in [section 3]"

20. Page 7, line 28.

**Following:** "through"

**Insert:** "7 and"

21. Page 9, line 9.

**Following:** "through"

**Insert:** "7 and"

22. Page 9, line 10.

**Following:** "through"

**Insert:** "7 and"

23. Page 9, line 17.

**Following:** "through"

**Insert:** "7 and"

24. Page 9, line 18.

**Following:** "through"

**Insert:** "7 and"

25. Page 9, line 30.

**Insert:** "Section 12. Section 10-3-301, MCA, is amended to read:

"10-3-301. State disaster and emergency plan. (1) The state disaster and emergency plan and program may provide for:

(a) prevention and minimization of injury and damage caused by disaster;

(b) prompt and efficient response to an incident, emergency, or disaster;

(c) emergency relief;

(d) identification of areas particularly vulnerable to disasters;

(e) recommendations for preventive and preparedness measures designed to eliminate or reduce disasters or their impact;

(f) organization of personnel and chains of command;

(g) coordination of federal, state, and local disaster and

emergency activities; and

(h) other necessary matters.

(2) (a) In preparing and maintaining the state disaster and emergency plan and program, the division may seek the advice and assistance of local government, business, labor, industry, agriculture, civic and volunteer organizations, and community leaders. In advising local and interjurisdictional agencies, the division may encourage them to seek advice from these sources.

(b) The national incident management system requirements must be incorporated in the state disaster and emergency plan."

**Renumber:** subsequent sections

26. Page 10, line 15.

**Following:** "through"

**Insert:** "7 and"

27. Page 11, line 8.

**Following:** "through"

**Insert:** "7 and"

28. Page 11, line 27.

**Strike:** "Title 10, chapter 3, parts 1 through 4, and [sections 1 through 9]"

**Insert:** "[sections 6 and 7]"

29. Page 11, line 29.

**Following:** "through"

**Insert:** "7 and "

30. Page 12, line 1.

**Following:** "through"

**Insert:** "7 and"

31. Page 12, line 2.

**Following:** line 1

**Insert:** "(2) [Section 8] is intended to be codified as an integral part of Title 50, chapter 1, part 2, and the provisions of Title 50, chapter 1, part 2, apply to [section 8]."

**Renumber:** subsequent subsection

32. Page 12, line 2.

**Strike:** "15"

**Insert:** "16"

33. Page 12, line 3.

**Strike:** "15"



## SENATE STANDING COMMITTEE REPORT

February 15, 2007

Page 1 of 2

Mr. President:

We, your committee on **Public Health, Welfare and Safety** recommend that **Senate Bill 368** (first reading copy -- white) **do pass as amended.**

Signed: \_\_\_\_\_

*Senator Dan Weinberg, Chair*

**And, that such amendments read:**

1. Title, page 1, line 5.

**Following:** "GROUP;"

**Insert:** "PROVIDING GUIDELINES FOR QUALITY ASSURANCE REVIEWS;"

2. Page 3, following line 2.

**Insert:** "NEW SECTION. **Section 5. Medical practice group quality assurance guidelines -- reviews.** (1) Reviews conducted by a medical practice group under this part must comply with the following guidelines:

(a) A random review is a review of at least 10 randomly selected patient charts, which must be reviewed by a quality assurance committee of the medical practice group. The committee may gather data from any source for purposes of the review. The committee shall submit an evaluation report to the medical practice group outlining the review findings and recommending changes if changes are determined necessary.

(b) A focused review is intended for specific clinical and quality improvement purposes, such as:

(i) reviewing patient medical records relating to a certain disease or procedural category for purposes of comparing documented treatment to available and current standards of medical care;

(ii) assessing the efficacy and efficiency of an office procedure or process related to clinical care; or

(iii) reviewing office and clinical practices prompted by an analysis and results of incident reports.

(c) An incident review performed by a medical practice group quality assurance committee is for purposes of gathering

**Committee Vote:**

**Yes 8, No 1**

Fiscal Note Required \_\_\_\_\_

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data, investigating, conducting analysis, coordinating all responses, and recommending and initiating corrective action as necessary, connected with a specific incident involving the delivery of medical care to a patient of the medical practice group.

(2) Reviews conducted by a medical practice group under this part must be based on appropriateness, medical necessity, adequacy of documentation, and efficiency of services. The physician being reviewed must be immediately advised of the findings of the committee to further the educational process for the physician. The medical practice group is responsible for documenting any corrective action that is taken and any policies, procedures, or clinical processes that are changed, who is responsible for implementing the changes, and how the medical practice group will ensure that the changes are made.

(3) All data relating to quality assurance committee activities under this part must be maintained in a confidential location separate from patient medical records.

(4) A medical practice group may and a group of five or fewer medical providers shall contract with a group or organization composed of persons licensed to practice a health care profession or with a nonprofit corporation engaged in performing the functions of a peer review committee, medical ethics review committee, or professional standards review committee for purposes of conducting any review allowed under this part."

**Insert: "NEW SECTION. Section 6. Codification instruction. [Section 5] is intended to be codified as an integral part of Title 50, chapter 16, part 2, and the provisions of Title 50, chapter 16, part 2, apply to [section 5]."**

- END -





## SENATE STANDING COMMITTEE REPORT

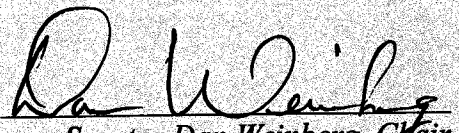
February 15, 2007

Page 1 of 1

Mr. President:

We, your committee on **Public Health, Welfare and Safety** recommend that **Senate Joint Resolution 5** (first reading copy -- white) **do pass**.

Signed:

  
*Senator Dan Weinberg, Chair*

- END -

**Committee Vote:**

**Yes 9, No 1**

Fiscal Note Required \_\_\_\_

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**COMMITTEE FILE COPY**

**TABLED BILL**

The **SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE** TABLED **SB 226**, by motion,  
on **Wednesday, February 14, 2007**.

Prudence Gildroy  
(For the Committee)  
for Sen. W. W. W. W. W.

KD  
(Secretary of the Senate)

                     12-15  
(Time) (Date)

February 14, 2007

Prudence E. Gildroy, Secretary

Phone: 4759

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# SENATE PROXY FORM

According to Senate Rule 30-70 ( 13 ) ( f ) , a committee member may vote by proxy using a standard form.

## PROXY VOTE

I, the undersigned, hereby authorize Senator

CSP

to vote my proxy on any issue before the Senate

Public Health

Committee

held on

Feb 14

, 2007.

Table SB 226 yes

Do pass SB 93 yes

Amend 1 SB 142 Aye

Amend 2

SB 142 as amended Aye

Amend SB 226 yes

Amend SB 368 yes

SB 368 As Amended - yes

Do pass SJ 5 yes

SENATOR

STATE OF MONTANA

[Signature]

MONTANA STATE SENATE  
2007 LEGISLATURE

**VISITOR REGISTER**

**PUBLIC HEALTH, WELFARE & SAFETY**

DATE 2-14-07

BILLS BEING HEARD TODAY SB 246, 397, 326

①

PLEASE PRINT

NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
John Lynch	491-1861	MT Ambulance Ser	SB 246	X	
Mike McGee	494-1486		SB 246	X	
Don Wilkerson	240-6374	Missoula Emergency Service	SB 246	X	
Mike McGee	223-2132	A-1 AMBULANCE	SB 246	X	
John Ungewitter	531-8909	MT Healthcare	SB 246	X	
Jane McCall	670-3084	EBMS	SB 397	X	
Paul Paul	245-3575	EBMS	SB 397	X	
Starla Blank	841-2311	BOARD OF PHARMACY	SB 326	X	
Mark Meredith	444-2356	Board of Pharmacy	SB 397		X
Sandy Jankowski	443-7568	AARP	SB 326		
Jim Kember	439-6791	MACOP	SB 326	X	
Nanette Gilbertson	443-1570	MSPDA	SB 326	X	
Nanette Gilbertson	443-1570	MPA	SB 326	X	
Nanette Gilbertson	443-1570	MPA	SB 397		X
Kathy McFadyen	443-1570	ACS	SB 326	info	
Erin McGowan Finchem	444-4613	State Auditor's Office	SB 326	X	
MARK CADWALLADER	444-0280	Dept. of Labor & Industry	SB 326	info only	
CHUCK HUNTER	202-2030	MT. PRIMARY CARE ASSOC	SB 397	X	

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

## Critical Questions for Evaluating Your Organization's Health Plan

- ▲ **Cost Expectations**—Do you believe your organization's healthcare costs will increase this next year?
- ▲ **Alternatives**—What are your health plan alternatives?  
Do they include any methods other than cost-shifting?  
How will these alternatives educate the employees?
- ▲ **Care Management**—Does your current health plan effectively identify and manage high-risk/high-cost conditions?
- ▲ **Organizational Awareness**—Are your employees aware of the total cost burden of poor health?
- ▲ **Employee Education**—Will your employees be informed annually about progress they are making toward their health goals?
- ▲ **Behavior Change**—Will your employees be educated and motivated to seek appropriate care?

What follow-up systems are in place to ensure progress? ?

### The answers are plain and simple.

Address the problems from a preventive, early notification and treatment perspective. Investing in health not only controls expenses, but also protects, supports and enhances human capital. It is fundamental to a healthier bottom line.

*"Many pieces of the plan have made it successful. From claims management, to Health Risk Assessments to the Doc-on-Site .... has saved us in both health and labor costs. These savings roll back into the company for other benefits to help us retain a superb employee base."*

— Business Owner

**mcare**

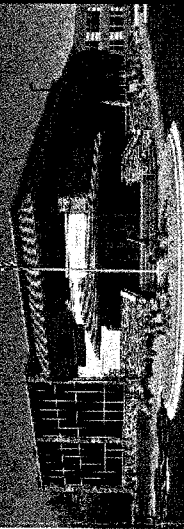
For additional information contact:

**EBMS Sales**  
800-777-3575 ext.257

**Employee Benefit Management Services, Inc.**  
PO Box 21367, Billings, MT 59104-1367  
406-245-3575 • [www.ebms.com](http://www.ebms.com)

EBMS is proud to announce a new onsite medical clinic

**mcare**

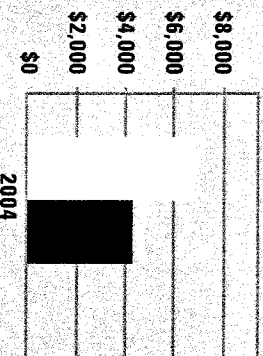


*EBMS has the uncanny ability to predict future trends in healthcare and provide valuable solutions through expertly designed services and technology.*

**EBMS**  
Employee Benefit Management

Investing in the health and well-being of employees and their families is fundamental to a healthier bottom line.

### Medical Plan Costs Per Employee Per Year

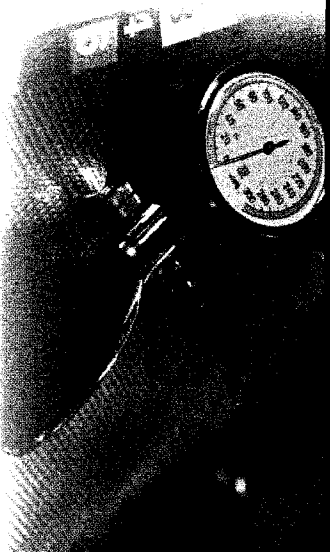


■ **National Average\***  
■ **miCare Program**

\* 2004 Mercer's US National Employer-sponsored Health Plan Survey

For years, we—employers, providers, payors, the government, etc.—have applied numerous reactionary solutions to assist in the containment of rising top-line medical expenses. These solutions have consistently focused on cost-shifting mechanisms, and while some have provided short-term solutions, the long-term goal of cost-containment has not held.

**EBMS is providing real solutions for healthcare cost control.**



The Company Doctor is a concept that Fortune 1000 companies have enjoyed for years and found effective to lower employee health benefit costs. Now, with the assistance of CareHere, EBMS brings the Company Doctor to you with miCare!

We are implementing proven strategies designed to address healthcare costs from a proactive standpoint. We have also integrated the solutions to provide actionable information on which informed decisions can be made.



miCare provides the most efficient and cost-effective healthcare components in the market place. The program has two main components: worksite physician, nurse and professional assistant, and worksite health screenings. These can play a major role in your Disease Management or Predictive Modeling programs.

miCare will recruit a team of medical professionals who deliver health care services to your employees more efficiently and effectively than traditional methods of healthcare. The team is able to do this through comprehensive, twenty-minute appointments and no waiting time for each patient. miCare also offers extensive online service capabilities, including an appointment scheduler, electronic medical records, patient lab reporting, and more. Each of these services are completely confidential!

**Employers win,  
Physicians win,  
Employees win!**

*"Thanks for encouraging us to try the program. It has been successful in both reducing our medical costs, and has become a true benefit to our employees, setting us apart from others when recruiting."* — Vice President, Human Resources



*"Our Doctor makes house calls ... at our office! Instead of us going out to the doctor, he comes to us!"* — EBMS Accounting Department

#### ▲ BENEFITS of miCare:

##### Employer Benefits

- Measurable cost savings and employee health improvement
- Improved employee morale and increased productivity
- Onsite pharmacy coordinated with your PBM
- Integrated Case Management reduces catastrophic claims by targeting issues at an early stage and reduces employee time away from work
- Case Management
- Your current Plan Design, PBM and PPO remain unchanged

##### Employee Benefits

- No co-pays and no deductibles for office visits
- No more frustrating time spent in waiting rooms
- Convenient online appointment scheduling (or they can call 1-877-423-1330)
- A doctor and/or nurse practitioner and medical assistant provide primary care at the worksite
- Services include treatment for conditions such as colds, diabetes, asthma, and will include physicals, women's healthcare, preventive screenings, routine medical care, and more!
- Some medications are available at wholesale cost, and are dispensed onsite